



**Children's Summer Reading Program Application  
Indiana State Library - Talking Book and Braille Library**

(Anyone ages 4-13 who cannot read a regular print book because  
of a visual or physical disability is eligible to join)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade level \_\_\_\_\_ Reading Level \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Daytime Phone Number (    ) \_\_\_\_\_

Check the reading media you would like to use this summer:

Digital \_\_\_\_\_ Braille \_\_\_\_\_ Large Print \_\_\_\_\_ BARD \_\_\_\_\_

Do you have a machine borrowed from our library? Yes \_\_\_\_ No \_\_\_\_ Using BARD

Mobile Only \_\_\_\_

List titles of books you would like:

\_\_\_\_\_

\_\_\_\_\_

List favorite Author/Authors:

\_\_\_\_\_

\_\_\_\_\_

List favorite subjects:

\_\_\_\_\_

\_\_\_\_\_

